

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000054379

1. Entity Name

USA RESEARCH INSTITUTE OF BIOLOGIC MEDICINE,
INC.



Principal Place of Business

4445 WEST 16 AVENUE
#401
HIALEAH FL 33012
US

Mailing Address

4445 WEST 16 AVENUE
#401
HIALEAH FL 33012
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0507191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICOLAS, FRANCISCA
3641 W 2ND AVE
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
S ARMENGOL, SALVADOR
4445 W 16TH AVE #401
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000733991
05/03/07-80107-011 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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NICOLAS, FRANCISCA
3641 W 2ND AVE
HIALEAH FL 33012 ☐ Delete

TITLE
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CITY-STATE-ZIP
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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALVADOR ARMENGOL

4/24/07

205-5573153

Date

Daytime Phone #